

NEW JERSEY DEPARTMENT OF EDUCATION
REQUEST FOR COMPLAINT INVESTIGATION

Date:_____

To: **Barbara Gantwerk, Director**
 Office of Special Education Programs (OSEP)
 NJ Department of Education
 P.O. Box 500
 Trenton, NJ 08625-0500

From:_____

(Name of person submitting the request)

Address* :_____

Phone: (____) ____ - ____ Fax: (____) ____ - ____ Email address:_____

Name of the student or specify the group of students affected by the alleged violation(s):

School where the alleged violation(s) occurred:

District of residence:_____ County:_____

Relationship to Student (check one): ____ Parent/Guardian ____ Attorney ____ Advocate ____

Other/Specify:_____

Are you currently involved in, or have you recently requested, mediation or a due process hearing? ____Yes ____ No

Note: Any issues contained in a request for complaint investigation that are also the subject of a due process hearing will be set aside until the conclusion of the hearing. If the Administrative Law Judge makes a ruling on the issue(s), that ruling is binding.

Briefly state the specific violation(s) of special education law or regulation that you believe occurred. (Attach additional pages, if necessary.)

Specify the period of time or dates when the alleged violation(s) occurred. _____

Is/Are the alleged violation(s) continuing at present? ____ Yes ____No

State the relevant facts, including any claim that the district has failed to provide services required by the IEP of a student with disabilities. (Attach additional pages if necessary. If you have written documentation from the school, such as letters, IEPs, notices, etc., that you believe would assist in verifying the violation, please submit them with this request).

* In the case of a homeless child, please provide available contact information.

Please describe how the issue(s) could be resolved. Attach additional pages, as needed.

Complainants are required to forward a copy of the complaint to the Chief School Administrator of the district/education agency which the student attends at the same time the complaint is filed with the Department of Education. Please check to verify:

_____ A copy of this complaint request, along with attachments, was mailed or hand-delivered to the Chief School Administrator, as required.

Signature: _____
(Person(s) Submitting Request)